

# **Our Future Under the Affordable Care Act (ACA)**

**Mitchell H. Katz, MD**

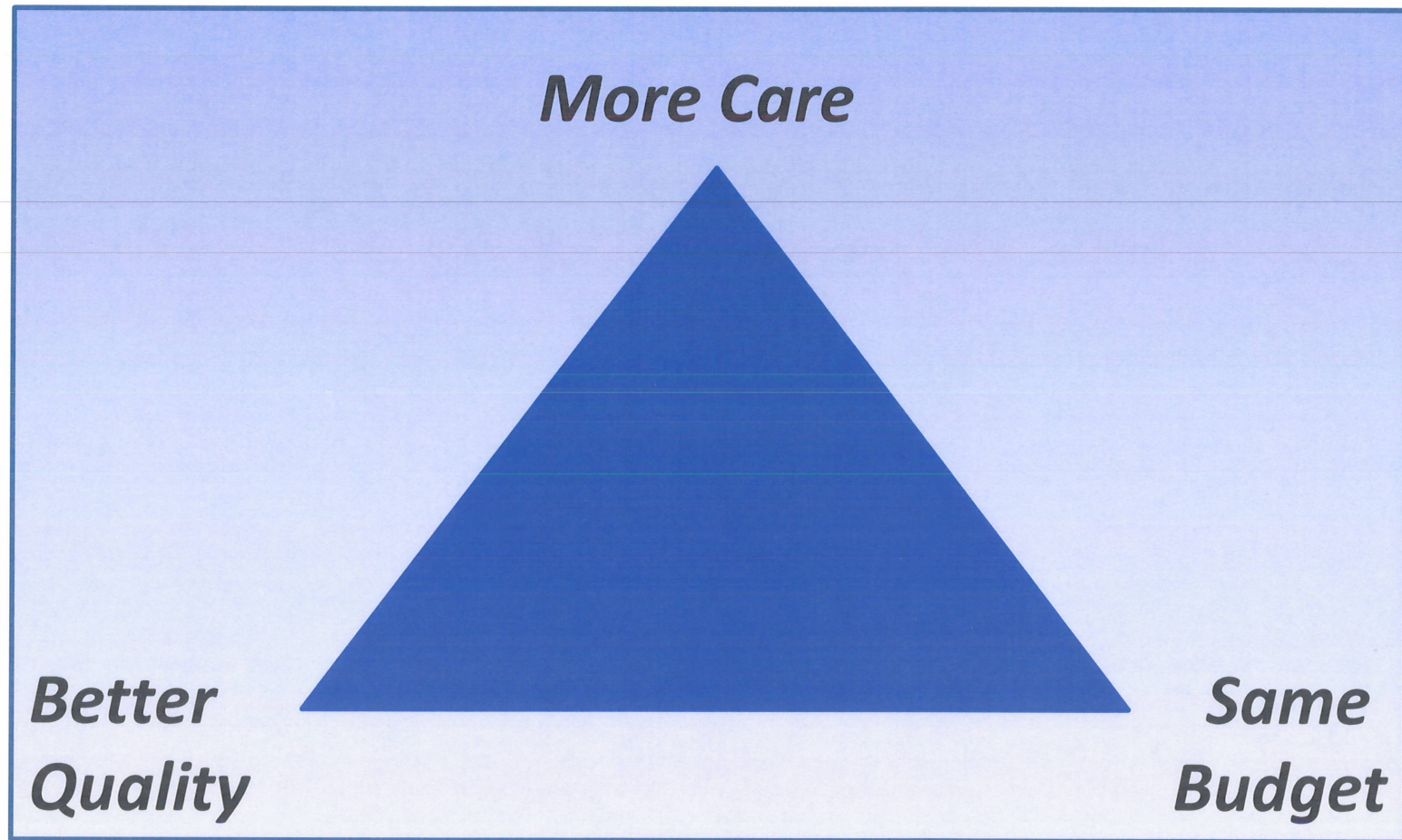
**Director**

**LOS ANGELES COUNTY**

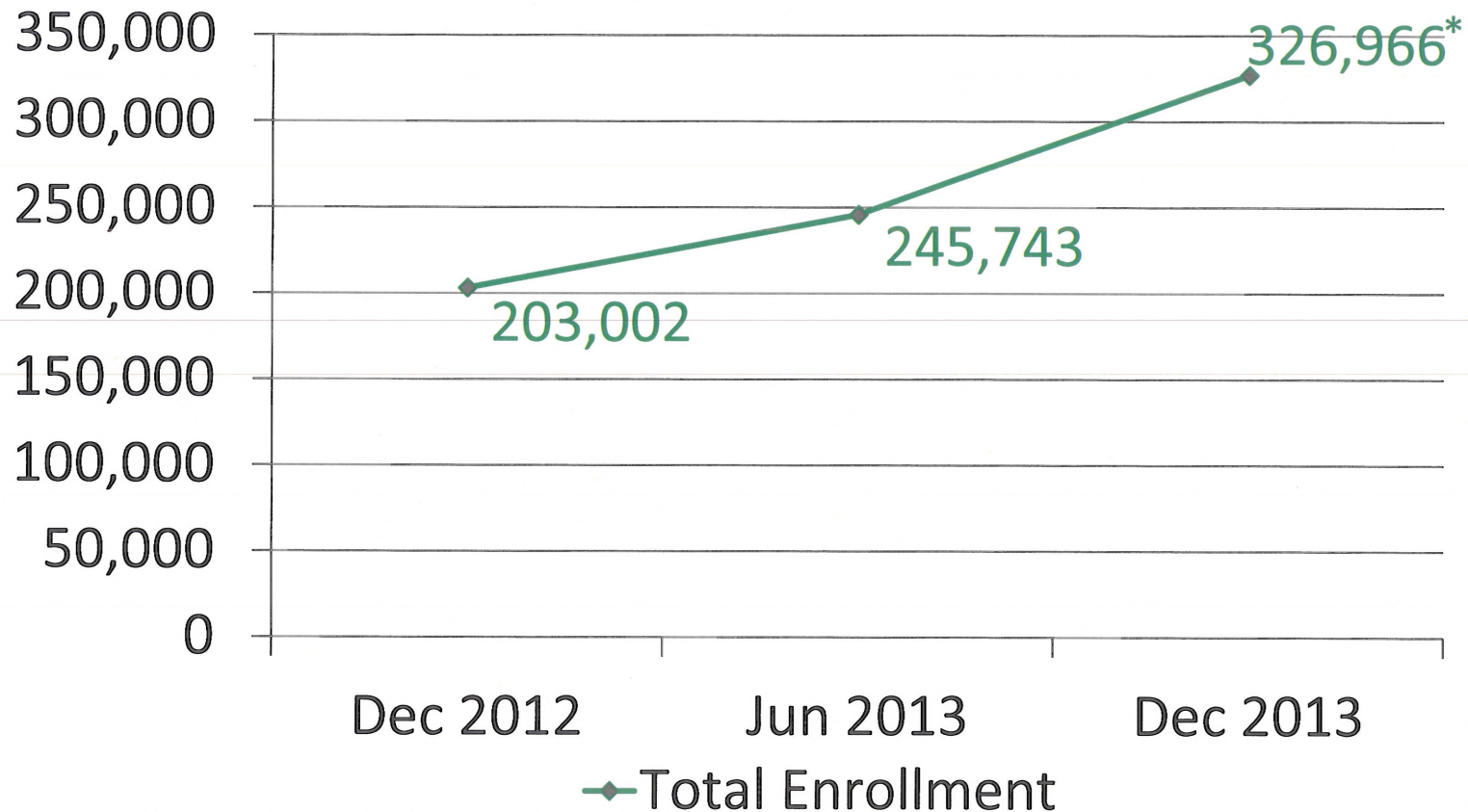
**DEPARTMENT OF HEALTH SERVICES**

**April 2014 Update**

# Our Overall Strategy for ACA: DHS Triple Aim



## Healthy Way LA (HWLA) as of 12/31/13



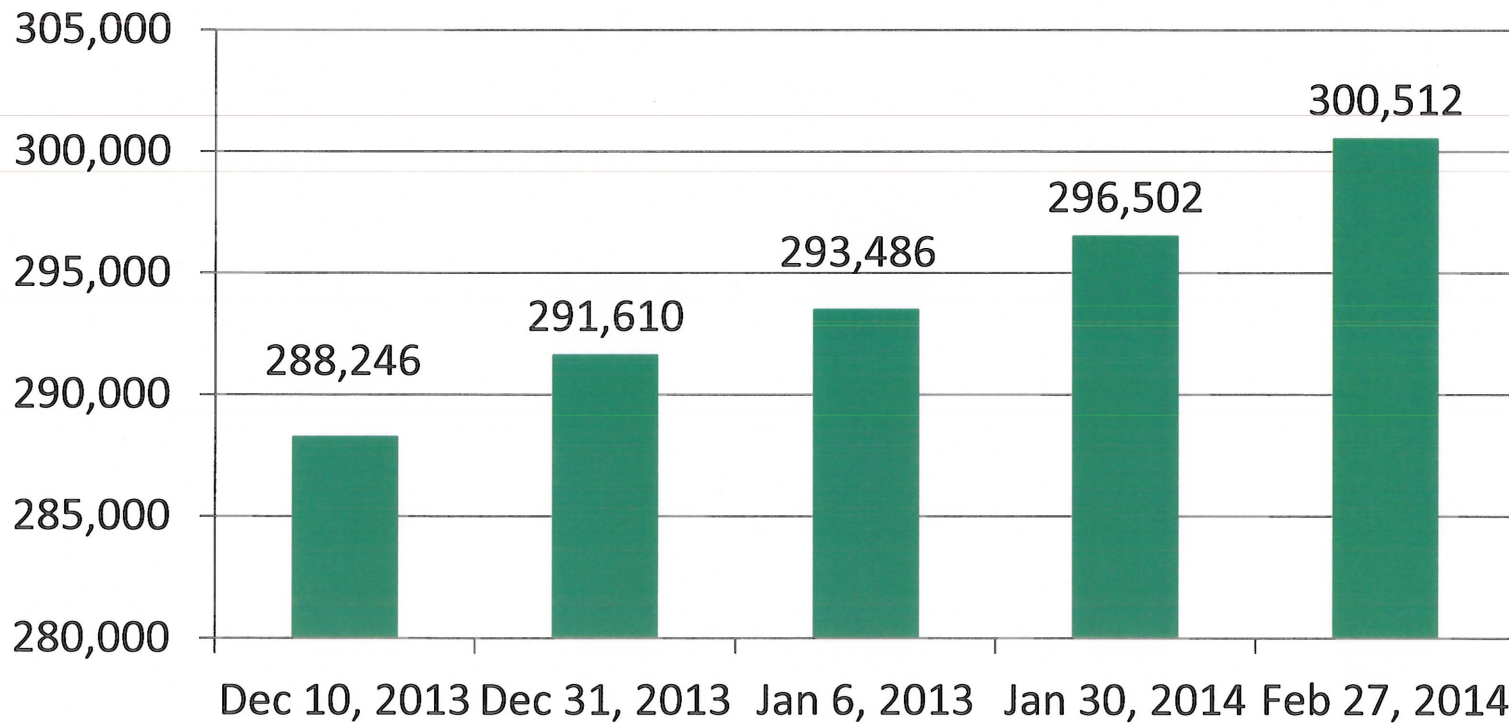
**NOTE:** The state received federal approval to defer HWLA redeterminations due in October, November and December 2013

\*Final numbers are subject to change. Data collected 2/18/14 from LEADER.



# HWLA/Medi-Cal Enrollment (326,966\* HWLA Enrollees as of 12/31/13)

## Transitioned to Medi-Cal



\*Final numbers are subject to change. Data collected 2/18/14 from LEADER.



## State-wide ACA Update

As of March 15, 2014:

- Covered CA enrollment into Health Insurance Plans between October 1, 2013 and March 15, 2014: **1,018,315**



As of February 28, 2014:

- New Medi-Cal Enrollment applications coming from Covered CA and transitioning from the LIHP: **1,786,000**



Source: Covered California press releases dated 03/17/14 and 03/13/14

## Los Angeles Covered CA Update

Covered CA projected that **177,602** persons in Los Angeles County would apply for Covered CA during the six month enrollment period (October 2013 through March 2014).

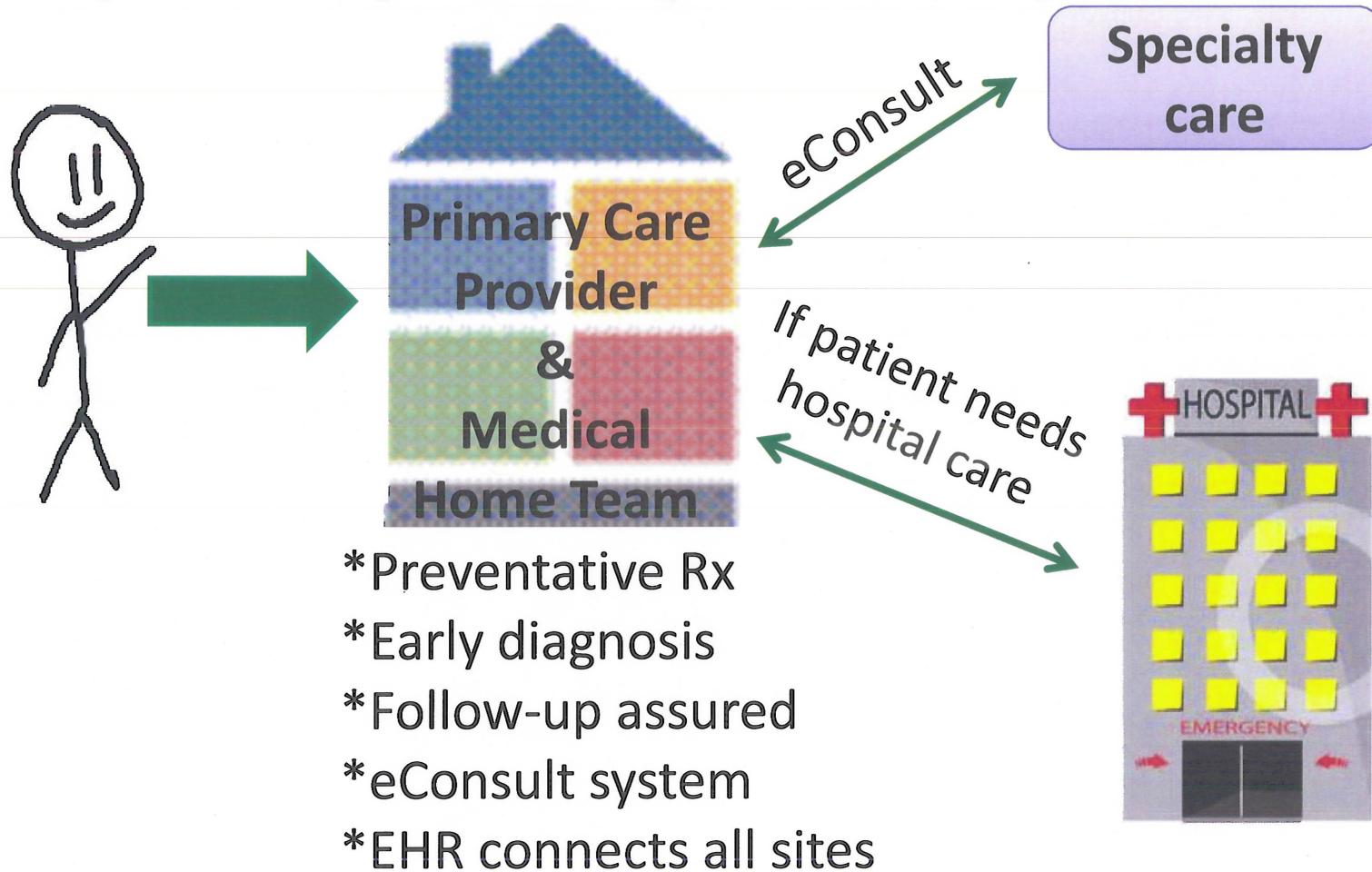
- Cumulatively, **241,312** individuals (or **136% of the goal**) in Los Angeles County have enrolled in Covered California (subsidized or unsubsidized) health insurance plans between October 1, 2013 through February 28, 2014.
- This represents **27%** of the state-wide enrollment (Los Angeles County makes up **31%** of those eligible state-wide)

Source: Covered California press release dated 3/21/14



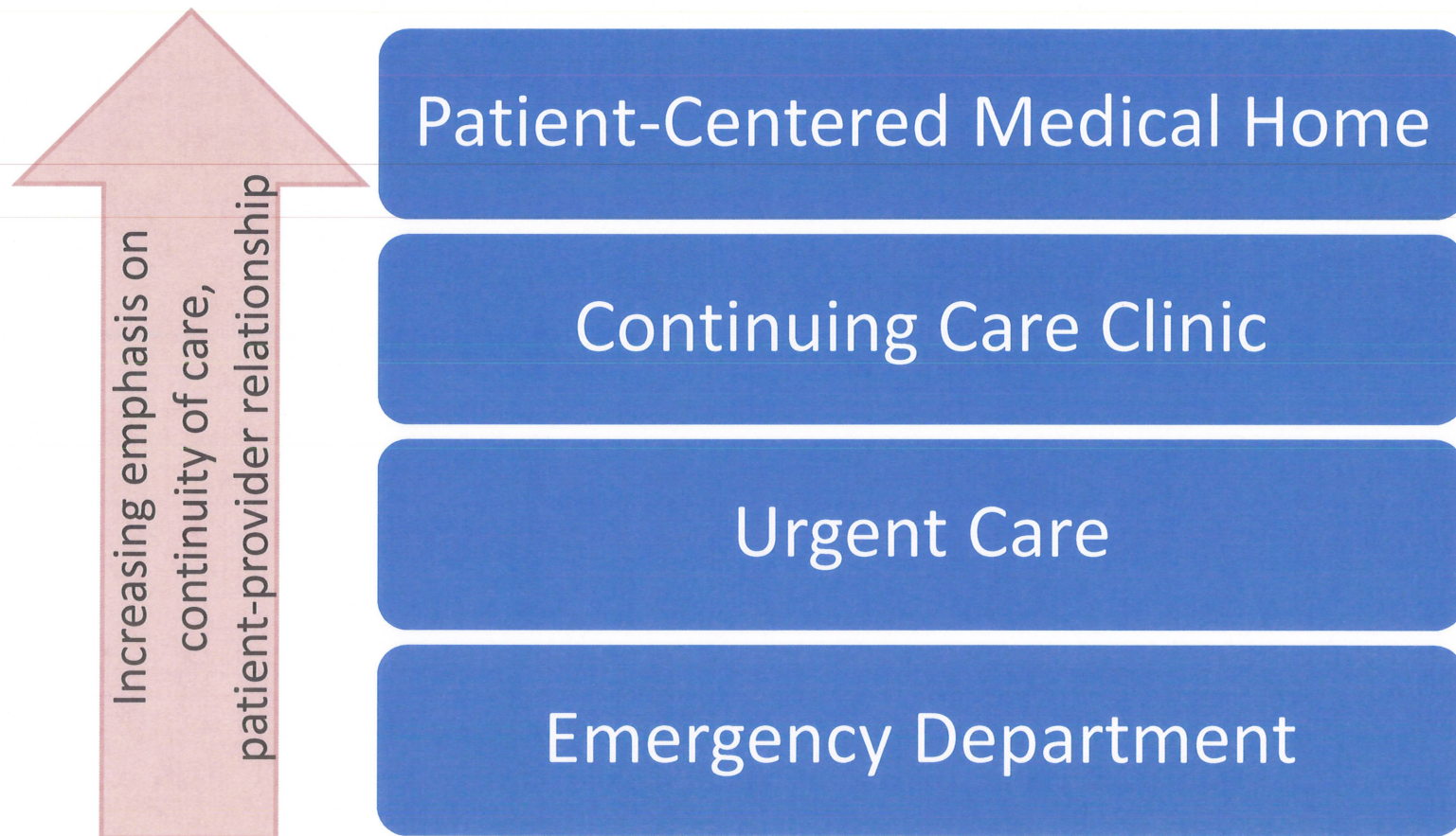
# Integrated Care System:

*Right Care, Right Time, Right Location, Right Provider*



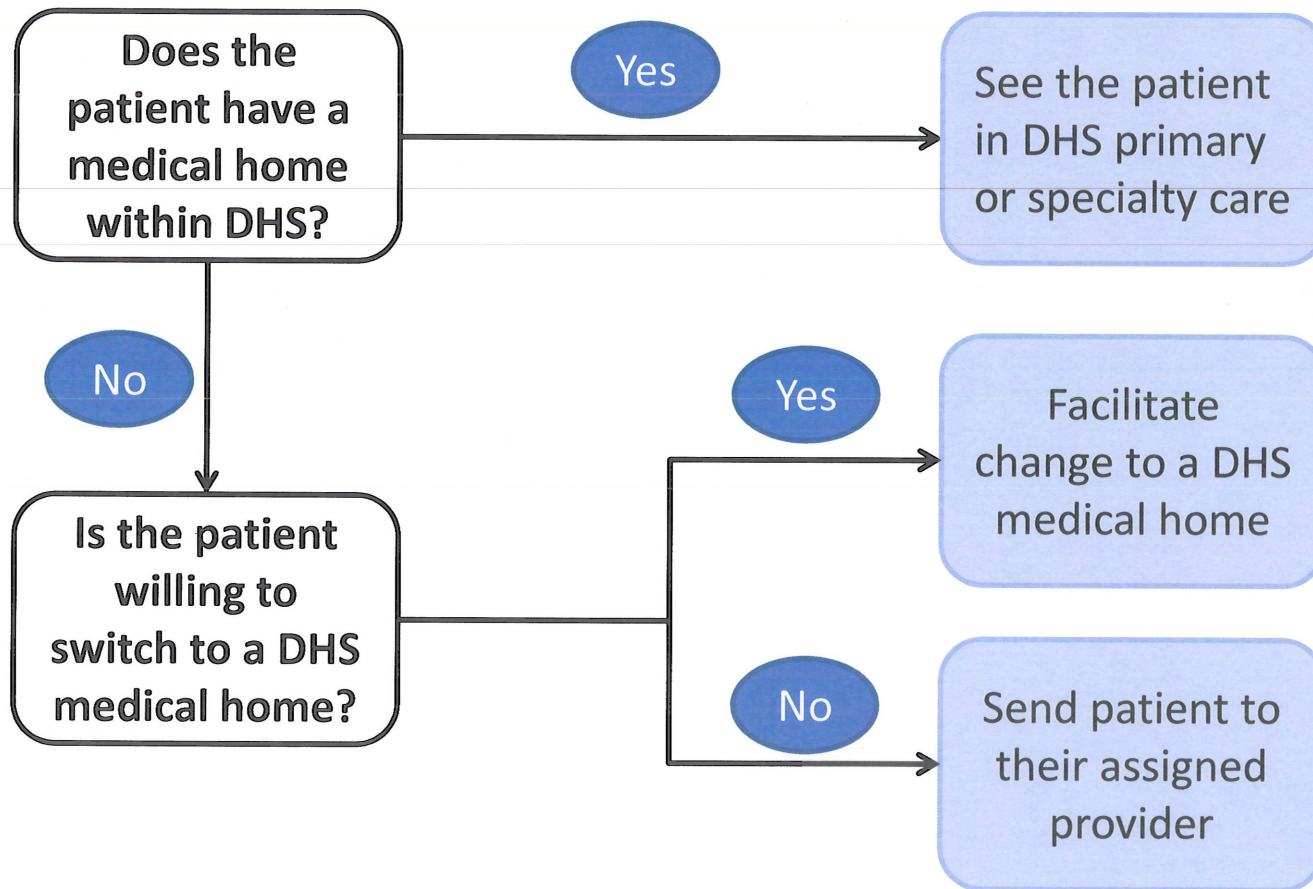


## DHS is building a spectrum of outpatient services



# Our focus is on attracting, retaining, and caring for our own patients

Management of a patient seeking non-emergent outpatient services



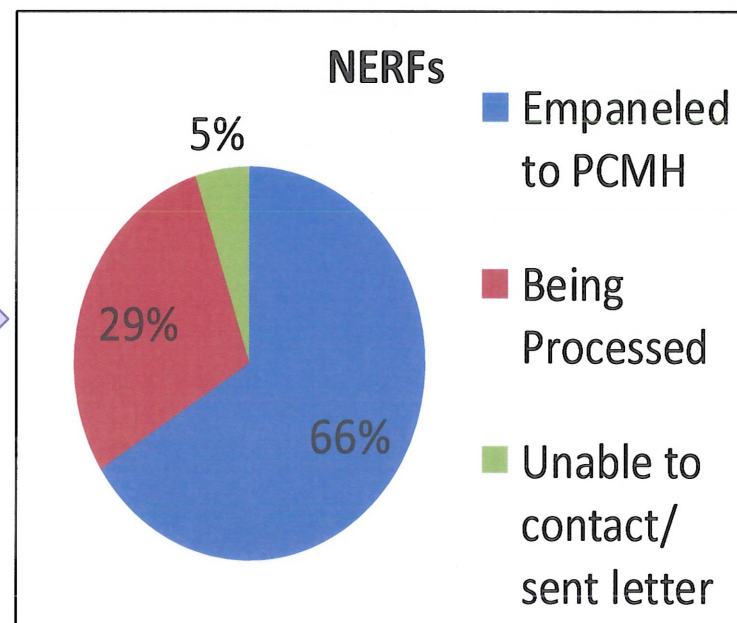
## Within DHS, Prospective Empanelment will assist Non-Managed Care Plan Patients

- Between 2/18/14 – 3/11/14, rolled out prospective empanelment process for non-managed care patients in all 19 ACN sites.
- As of 3/25/14, we have generated 331 requests for empanelment, where 219 have been successfully empaneled to a PCMH team within ACN sites.
- Plans to implement same process at the hospitals; to be completed by end of April.

**One process for all venues,**

- Inpatient
- Emergency Dept.
- Urgent Care
- Specialty Clinics

**prioritized based on clinical need and care utilization pattern:**





# Goals of new HWLA unmatched program

**Encourage coordinated, whole-person care:** Better care coordination, continuity of care, and patient management.

**Payment Reform:** Move away from a fee-for-service (FFS) billable provider visit to care team encounters in a Patient-Centered Medical Home model.

**Improve Efficiency and Reduce Duplication:** Avoid unnecessary duplication of services and high service utilization

**Preserve Access to Care for Unmatched Patients:** DHS and its Community Partners will continue to be the safety net for the uninsured.

**Simplify Administrative Systems:** Implement a more simplified process for HWLA Unmatched enrollment and billing.

# How Will HWLA program Change?

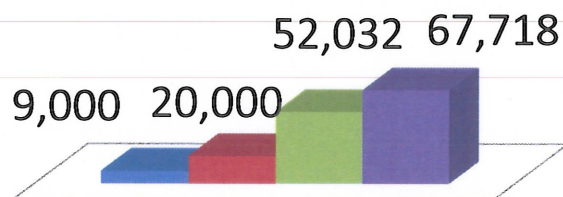
|                               | Current Program  | Future Program  |
|-------------------------------|--|---|
| Income                        | Under 133% FPL   | Under 138% FPL<br>(consistent with ACA)                                   |
| Enrollment                    | ATP form is used to "apply"  | Web-based One-e-App System  |
| Age                           | All Ages   | Ages 6 and Up   |
| Coverage                      | Cannot be eligible for any other public health care program            | Same; also may not be eligible for Covered California                     |
| Benefits (via CP or DHS site) | Primary Care, Pharmacy, Lab/Rad, Inpatient; Limited Specialty & Dental | Primary Care, Pharmacy, Lab/Rad, Inpatient, Specialty; Dental is optional |
| Medical home                  | No assigned medical home; inconsistent utilization patterns            | All primary care with empaneled medical home provider                     |
| CP Payments                   | Fee for Service<br>(flat rate \$94/visit)                              | Capitated Payment   |
| Member Services               | No Member Services phone line, Welcome Packet, or ID card              | Member Services phone line, Welcome Packet, and ID card                   |
| CCEP, SB 474, HWLA Kids       | Separate programs  | Will be combined into HWLA Unmatched                                      |



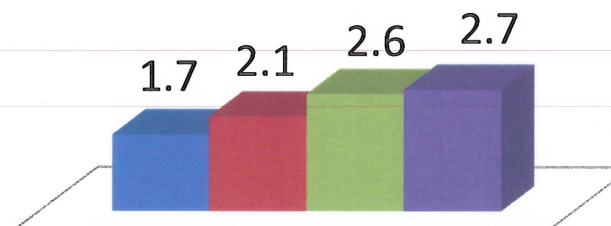
## e-Consult 2013 Summary (as of 3/15/14)

**# eConsults**

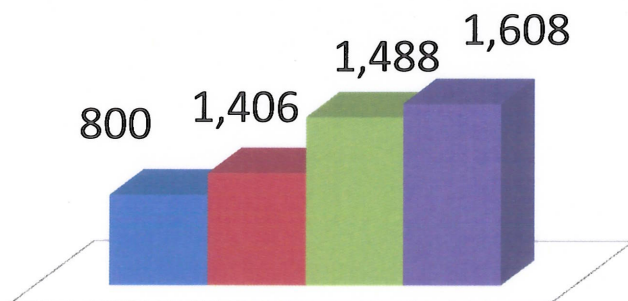
■ Apr-Jun 2013 ■ Jul-Sep 2013  
■ Oct-Dec 2013 ■ Jan-Mar 2014



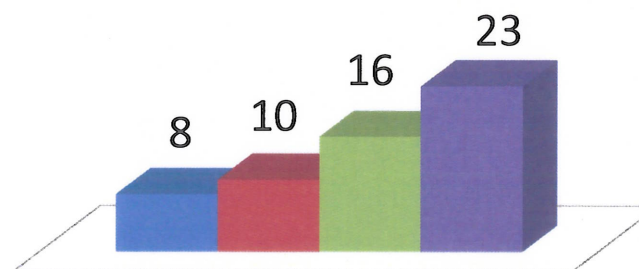
**Specialist Review & Response Time (days)**



**# of Submitting Providers (DHS/CP)**



**# of eConsult Specialties**



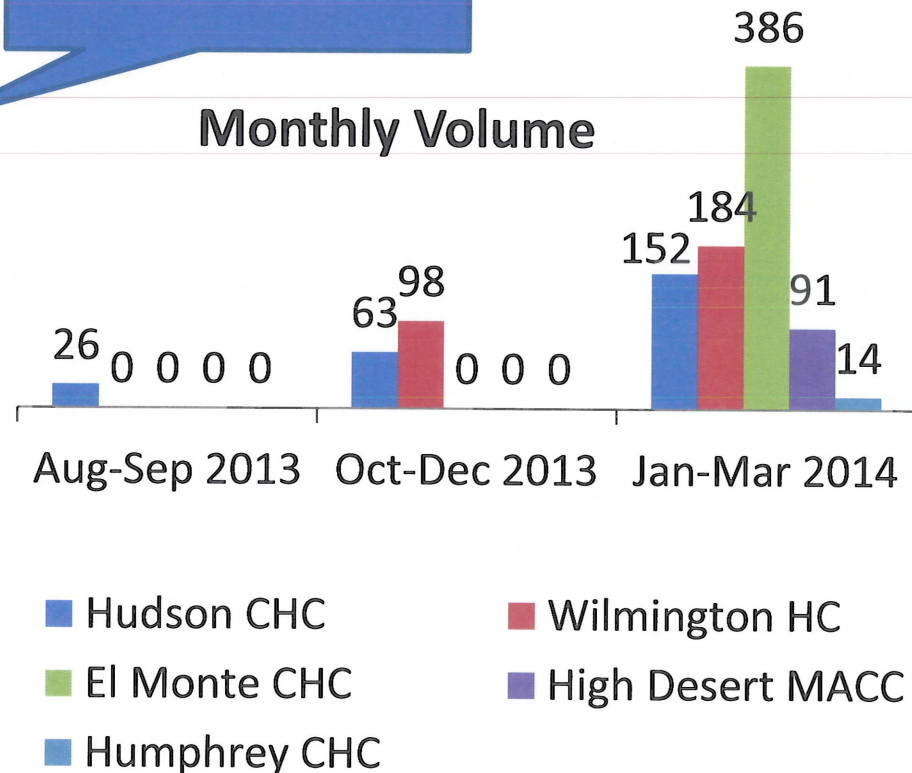


# Tele-Retinal Screening Program for Diabetic Retinopathy (as of 3/21/14)

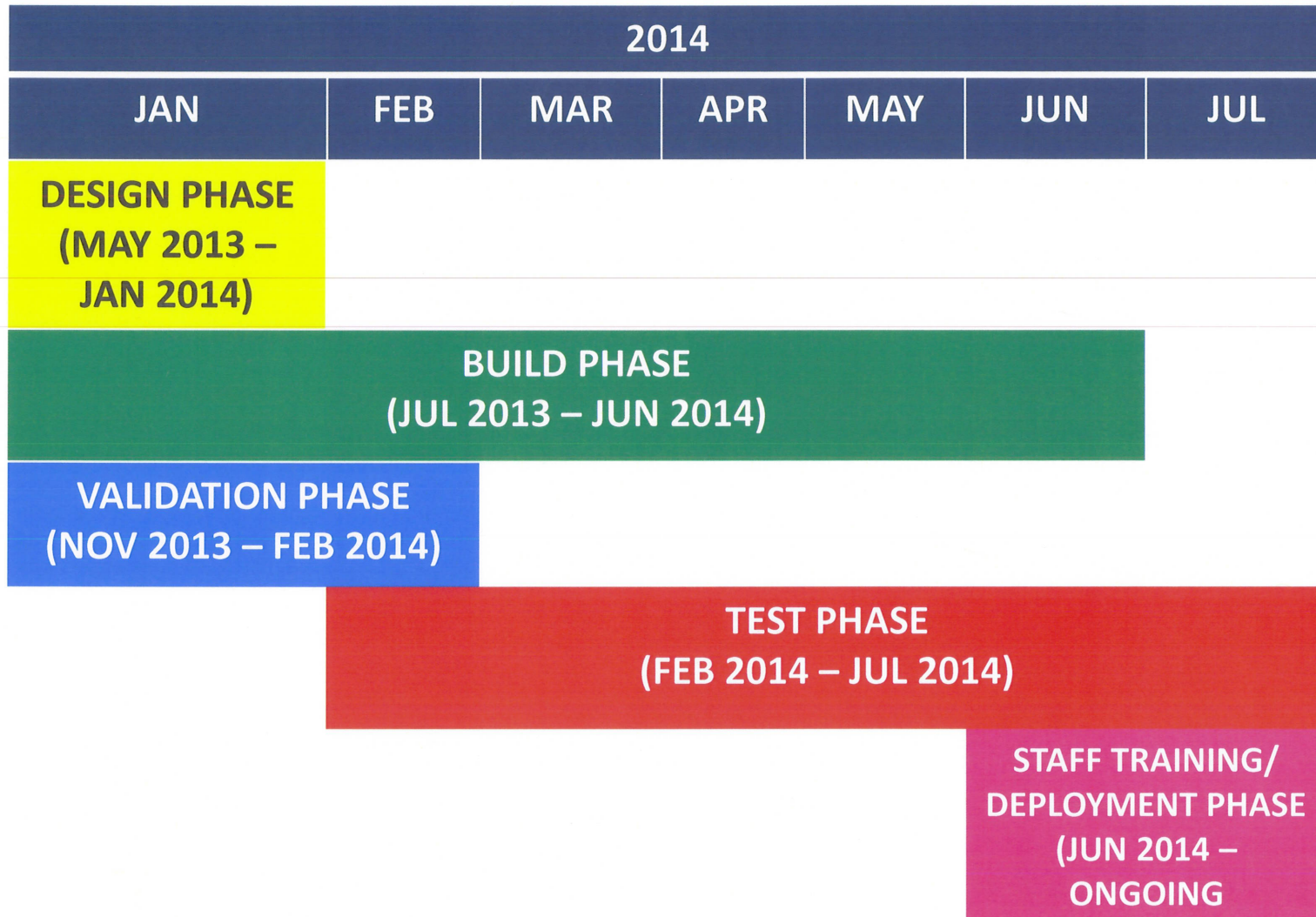
| Cases                                  |       |
|--|-------|
| Reviewed                               | 779   |
| • No Referral Needed                   | 602   |
| • Referred (with diabetic retinopathy) | 59    |
| • Referred (with other eye condition)  | 118   |
| Awaiting Review                        | 238   |
| Total Cases                            | 1,017 |

602 of 779 = 77% no referral needed.

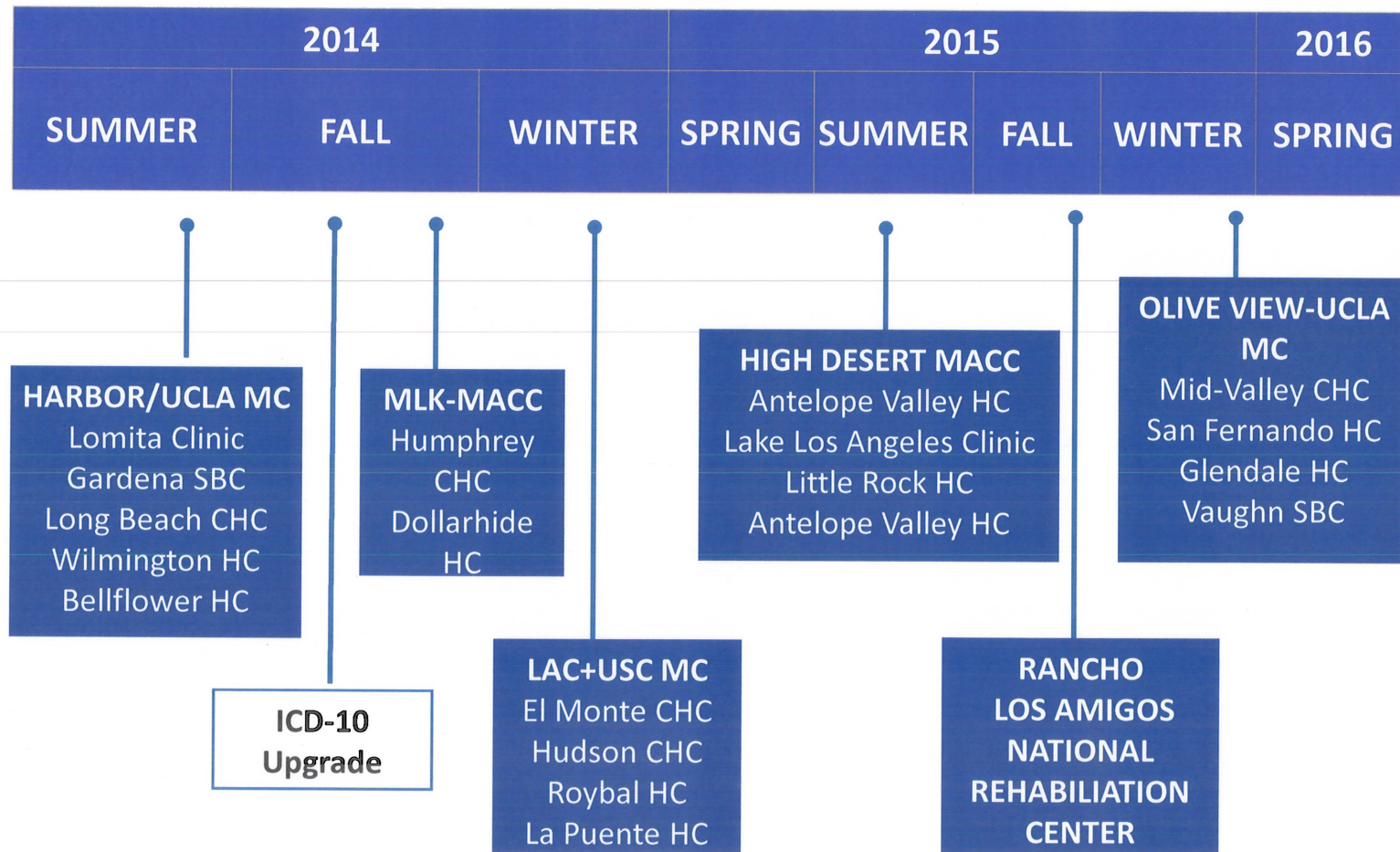
## Monthly Volume



# ORCHID Design-Build-Test Timeline



# ORCHID Deployment Timeline





# Housing for Health (HFH) Update

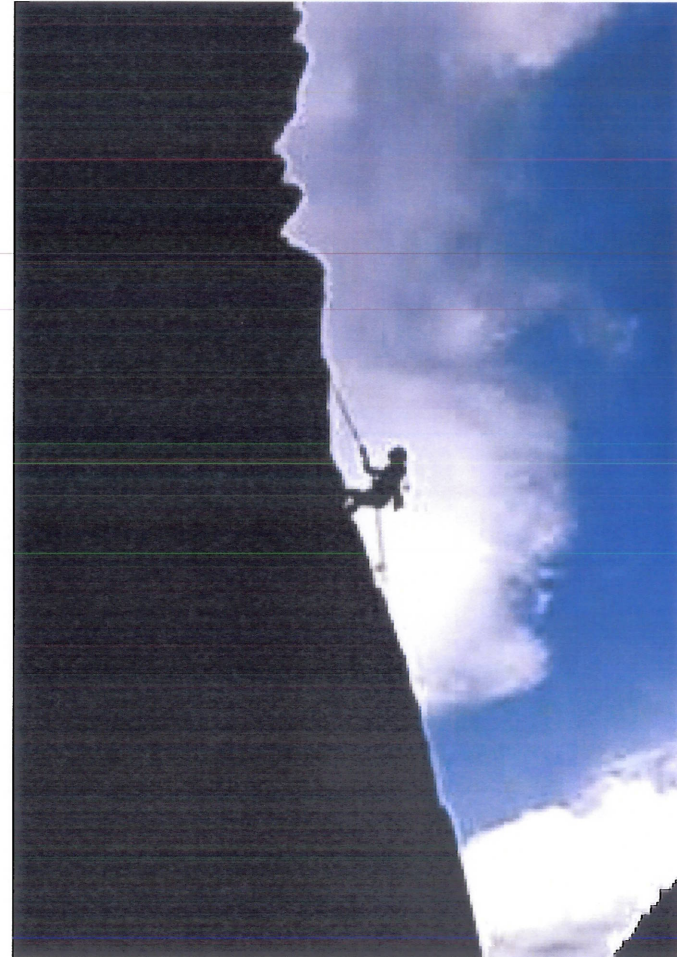


Grand Opening of the South Los Angeles Supportive Housing Program on March 3, 2014

- 56 units of permanent supportive housing for chronically homeless individuals who are frequent users of County Health resources.
- Consists of 15 formerly-blighted properties, extensively renovated by the City of LA Housing and Community Investment Department/Restore Neighborhoods Los Angeles.

## Lots done, Lots more to do!

- Although many of DHS' initiatives for health reform are underway and proving successful...
- There are many more steps to take as we accelerate our transformation





# **Implementation of Health Care Reform**

***Sheryl L. Spiller, Director  
Department of Public Social Services***

***April 1, 2014***





## Presentation Overview

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- **Healthy Way L.A. – Transition to Medi-Cal**
- **Medi-Cal Expansion**
- **Challenges**
- **Post Covered California Open Enrollment**



# Healthy Way L.A

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## Transition To Medi-Cal

- DPSS assisted DHS in successfully enrolling **over 307,000** beneficiaries in HWLA by December 31, 2013; which included DPSS eligibility staff processing both HWLA applications and annual redeterminations.
- Effective January 1, 2014, HWLA beneficiaries were transitioned to Medi-Cal and assigned to DPSS District Offices.



# Medi-Cal Expansion

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## Modified Adjusted Gross Income (MAGI) Medi-Cal

Effective, January 1, 2014, Medi-Cal eligibility is now determined by using the new **Modified Adjusted Gross Income (MAGI)** methodology, which counts the household's size and income, based on tax information. If individuals do not file taxes, they can still obtain Medi-Cal.





# Medi-Cal Expansion

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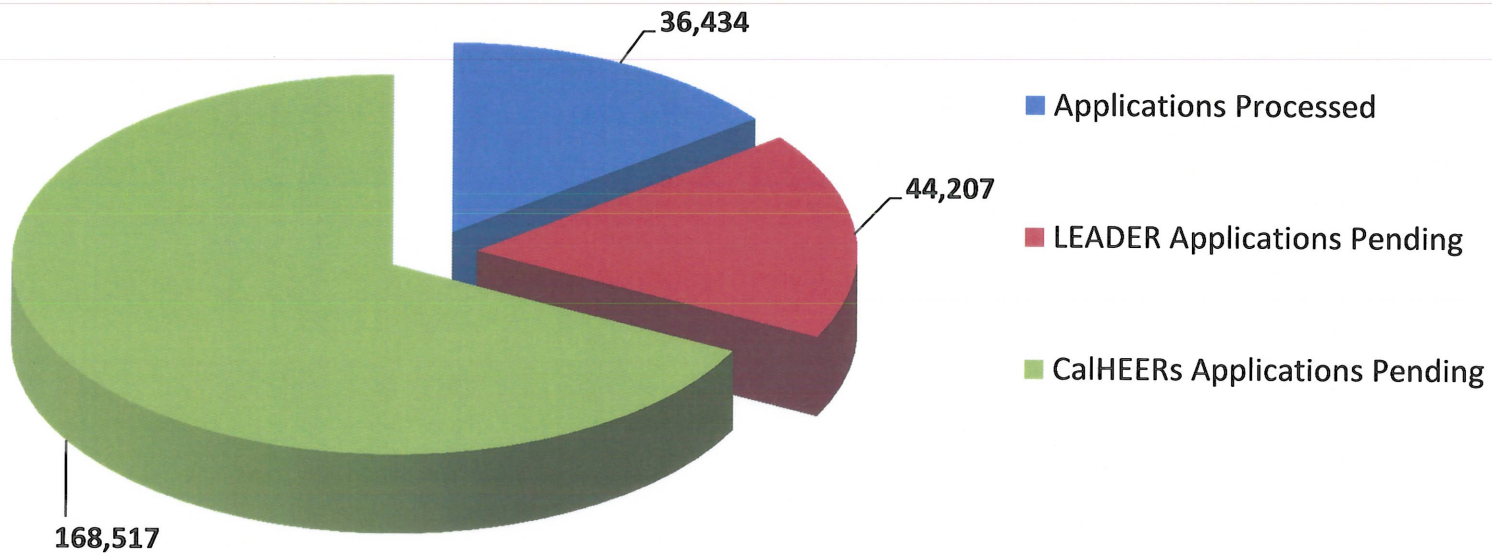
## In preparation for MAGI Medi-Cal:

- DPSS launched the **Exchange Call Center** to take phone applications transferred by Covered California for **Pre-enrollment October 1 to December 31, 2013, and Open-enrollment January 1 through March 31, 2014.**
- **Trained over 6,000 eligibility staff on the new MAGI Program** and the California Healthcare Eligibility, Enrollment, and Retention System (**CalHEERS**), Covered California's computer system.



# Medi-Cal Expansion

## CalHEERs Applications Pending and Processed



Total 249,158



# Medi-Cal Expansion

**Pre-Enrollment Period – Oct. 1 to Dec. 31, 2013**

During this period, **205,624 Pre-enrollment** Medi-Cal applications were received through the following channels:

- **57,347** applications received by DPSS staff through **walk-ins, mail and on-line** via the “Your Benefits Now” website.
- **6,191 phone** applications transferred from Covered California to DPSS.
- **142,086 on-line** applications transferred from Covered California to DPSS.

Additionally, DPSS assisted Covered California with the processing of over **10,000 paper applications**, to ensure they met the December cutoff.





# Medi-Cal Expansion

## Converting Medi-Cal Cases To MAGI

Most Medi-Cal approved cases (prior to January 1, 2014) **must be converted** using the **MAGI methodology** during renewal, beginning June 2014.

- Renewals for the months of January to May 2014 were pushed back by the State and will be processed with renewals that are due during the months of June to October 2014.
- We estimate an average of **200,000+** Medi-Cal case renewals will require processing **each month** during this period.
- This means that DPSS will need to process over **1,000,000** Medi-Cal renewals between June and December 2014.



# Challenges

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DPSS has encountered many challenges implementing Health Care Reform due to a lack of State readiness, such as:

- Delayed applications processing due to system issues in CalHEERS.
- Inaccurate eligibility determination results from CalHEERS.
- Complex and labor intensive workarounds as a result of CalHEERS system problems.
- Frequent, almost daily, Policy changes and case processing instructions received from the State.
- CalHEERS inability to generate Notices of Action.



# Challenges

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All of these challenges have led to a tremendous workload; requiring constant **staff re-training** and the use of **overtime** in order to meet case processing requirements.

In spite of these challenges, DPSS continues to work with **multiple partners** to ensure that health coverage is made available to eligible applicants throughout Los Angeles County, including:

- Chief Executive Office (CEO)
- Los Angeles County Department of Health Services (DHS)
- County Welfare Directors Association of California (CWDA)
- California Department of Health Care Services (CDHCS)
- Covered California
- Healthcare Advocates





## Post Covered California Open Enrollment

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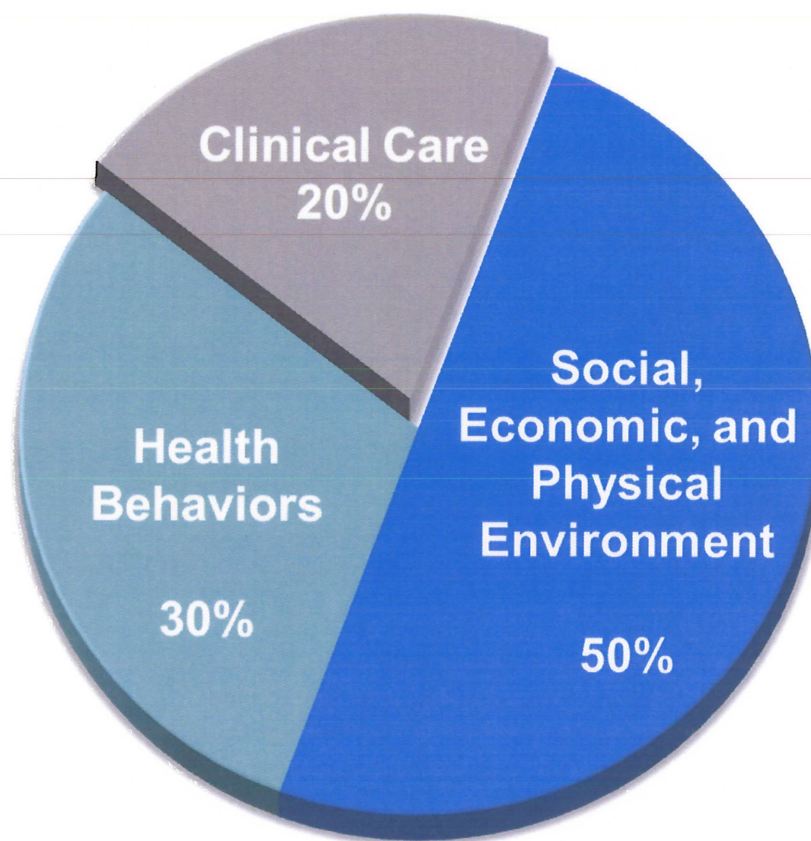
- The March 31, 2014 deadline does **not** impact an individual's ability to apply for ongoing Medi-Cal Coverage.
- There is **NO Medi-Cal “Open Enrollment Period.”** DPSS will continue to process all Medi-Cal applications.
- DPSS will also continue it's **outreach** to individuals and families eligible to Medi-Cal.

# Affordable Care Act: Opportunities for Healthier Communities

*Jonathan E. Fielding, M.D., M.P.H.  
Director and Health Officer  
Los Angeles County Department of Public Health  
April 2014 Update*



# *Health is Primarily Influenced by* **Non-Clinical Factors**





# ***ACA Opportunities for Local Public Health Departments***

- New and changing revenue sources
- Greater cross-sector collaboration
  - Community health planning
  - Multi-sectoral collaborations to build healthier, safer communities
- Increased access to data
- Increased role in consumer protection
- Assuring access, safety and quality of care



# ***PUBLIC HEALTH PROGRAMS DIRECTLY IMPACTED BY ACA***



# ***Substance Abuse Prevention & Control Program (SAPC)***

## **ACA Changes:**

- Expansion of Medicaid Covered Services
- Parity for Substance Use Disorder Services

## **DPH Changes:**

- Expanding Drug Medical provider network
- Shifting use of SAPT Federal block grant
- Implementing Substance Use Disorder parity requirements
- Increasing access, reducing costs, and improving quality





# ***Division of HIV and STD Programs***

## **ACA Changes:**

- Transition of clients from Ryan White to Healthy Way LA, then to Medi-Cal
- Ryan White remains payer of last resort
- Possible private sector increase in HIV & STD screening and treatment

## **DPH Changes:**

- Re-align Ryan White resources based on client migration
- Continue and/or expand wrap-around service coverage
- Advocacy for impacted populations



# *Community Health Services*

## ACA Changes:

- Increased coverage & medical homes may lower clinical demand?
- Need for expertise in STD/TB & safety net
- Increased potential to bill for services

## DPH Changes:

- Strategic realignment of services with need
- Become a TB/STD specialty provider
- Billing and EHR systems
- New roles in creating healthier communities



# *Children's Medical Services*

## ACA Possible Changes:

- Decrease in county share of cost for CCS?
- Change in CHDP?
- Change in realignment funding?
- CCS Program carve out ending?

## DPH Changes:

- Pilot project - case management of medically complex vs. less complex children
- Participation in state workgroup on CCS and CHDP
- Strengthening wrap around services





# ***Division of Chronic Disease and Injury Prevention***

## **ACA Changes:**

- Prevention and Public Health Fund
- Community Transformation Grant Program

## **DPH Changes:**

- Expanded partnerships with:
  - ✓ Other County Departments
  - ✓ Cities
  - ✓ Schools
  - ✓ CBOs
  - ✓ Business sector
  - ✓ Hospitals
- Seek new funding



# *Community Transformation Grant*

## *Choose Health LA Initiatives*



### Accomplishments

- ✓ Established tobacco-free policies at 14 Public Health Centers
- ✓ Expanded Parks After Dark Program
- ✓ Healthy food and beverage purchasing practices for County departments
- ✓ Launched Choose Health LA Restaurants
- ✓ Supported LAC + USC Wellness Center



# ***PUBLIC HEALTH OUTREACH & ENROLLMENT ACTIVITIES***





# *State DHCS Medi-Cal Outreach and Enrollment Grant*

- Successful joint application of 5 County Departments
  - DPH activities build on Maternal, Child & Adolescent Health - Children's Health Outreach Initiative provider network
- \$7 million (2-year grant through June 2016)
- Specific target populations
- Requires community collaboration



# *The Transformation of Public Health*

- Opportunities
- Programs That Change
- Funding Streams





**LAC  
DMH**  
LOS ANGELES COUNTY  
DEPARTMENT OF  
MENTAL HEALTH

## DMH and the Affordable Care Act (ACA)

Marvin J. Southard, D.S.W., Director  
Los Angeles County Department of Mental Health



## Step 1: Ensuring Network Capacity and Access

### ACCESS Urgent Appointment Line

- New 800 number operational January 1
- Health Plans trained to screen and refer

| Month              | Requests for Urgent Appointments | Urgent Appointments Given |
|--------------------|----------------------------------|---------------------------|
| January            | 24                               | 24                        |
| February           | 30                               | 30                        |
| March 1 – March 21 | 23                               | 23                        |
| Total              | 77                               | 77                        |

\* 100% of calls requiring an urgent appointment received one within 7 calendar days



## Step 1: Ensuring Network Capacity and Access (cont'd)

### Routine Appointment Access and Tracking

- SRTS initiated under HWLA
  - 88 agencies involved
  - 22,015 HWLA referrals tracked
- SRTS expanded for ACA
  - 129 agencies with registered users as of 3/28/14



## Next Steps: Building Health Neighborhoods

- Strategy for improving access, coordinating care and fostering provider communication
- Healthy Way LA
  - 62 FQHCs and 24 DHS facilities partnered with 75 adult mental health agencies
    - Including 8 DMH teams co-located in DHS Comprehensive Health Centers and MACCs
- MCE Expansion
  - 91 children's providers join the initial neighborhoods
  - Substance use disorder providers in process of aligning



## Next Steps: Building Health Neighborhoods (cont'd)

- Developing a broad vision
- Involvement of DHS, DPH, faith community, social service providers
- Potential for addressing health disparities
- Grant applications
  - Blue Shield (LA Care, DMH, DHS, DPH)
  - NIH (UCLA, Rand, DMH)



# Health Neighborhoods: Integrating Care in Los Angeles



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
HEALTH NEIGHBORHOOD CONCEPTUAL FRAMEWORK (04/29/2013)

